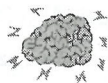# EMERGENCY RESPONSE

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general objectives:

At the end of the session, the participants should be able:

1. To understand the different aspects of emergency response, its definition, phases and requirements.

2. To appreciate and have practical knowledge on damage needs assessment and reporting

3. To see their location as volunteers given the whole gamut of operations and mechanisms of Disaster Operation Centers (DOCs)

4. To have a working understanding on the different areas of concern in emergency response

5. To appreciate and prepare themselves as information persons in different stages of disasters

Topic 1: Overview of Concepts and Principles of Emergency Response

Exercise: Choose Your Spot

time requirement:

30 minutes

materials:

2 disaster situations
1 - 2 - 3 options for each statement or questions (See list at session 5 annex)

3 sheets of Cartolina or any paper with the 1, 2, 3 written on them

process

1. Pin the numbers 1, 2 and 3 up on the wall or blackboard.

2. Explain to the participants that the numbers represent their options.

3. Tell them that when each statement is read out loud, they should go to the number that describes their answer to the questions or situations.

4. Ask participants who answered option 1, option 2 and option 3 to have a buzz session for 5 minutes to thresh out why they have taken that option.

5. Allow 2 minutes to enable the spokesperson from the groups to share their key ideas.

6. Do the same for the second question/statement.

---

note to the facilitator: Here is an example of a situation:

It is 10:00 in the evening and your community is suddenly hit by a strong typhoon. You have three children with you who are deep in sleep. What will you do? Options are:

1. — remain in the house and wait till the typhoon worsens
2. — wake the children up and go to the nearest safe building
3. — contact your neighbors for possible help

Devise questions or situations related to the session on emergency response.

You may process the surfaced ideas/responses immediately, or take note of them and use as examples in lecture-discussion.

Definition of Emergency Response

Emergency responses are measures taken immediately prior to, during and following disaster impact. They are directed towards saving life and protecting property and towards dealing with the immediate damage caused by the disaster. The quality of response measures greatly varies in accordance with the nature and extent of preparatory measures undertaken.

Phases of Emergency Response

pre-impact response

The major responses in this period are:

➤ Countering the initial effects of disaster impact as rapidly and effectively as possible.
➤ Using all suitable resources in a coordinated manner.
➤ Providing urgent needs to stricken communities.
➤ Rehabilitating, as fast as possible, those facilities and systems which are of priority importance to the functioning of the national system and way of life.

during impact response

The during impact response period is the vital bridge between two periods — period when there is the shock and disruption caused by disaster and period to normalize the situation. This involves:

➤ continuing certain relief services
➤ converting some of these relief activities into formal types of rehabilitation programs
➤ implementing temporary measures such as emergency clearance, repair of port facilities, etc.
➤ assessing all post emergency phase activities and requirements and integrate them into a comprehensive recovery program

post impact response

This period is characterized by the following activities:

➤ Lifting of emergency powers that usually apply during response operations.
➤ Transferring responsibility from the central disaster management authority (DCC) to individual government departments.
➤ Continuing relief activities by non-government organizations, whether or not government agencies are involved.
➤ Adding disaster-caused problems to the normal workload of most government, non-government and private sector organizations.
➤ Addressing residual social and psychological problems that are likely to exist within the community following the disaster.

Characteristics of Effective Emergency Response

Effective emergency response is aimed at:
➤ limiting casualties
➤ alleviating hardships and suffering
➤ restoring essential life support and community systems
➤ mitigating further damage and loss
➤ providing the foundation for subsequent recovery

To have an effective emergency response, these should be carried out at a proper time and should be appropriate to the disaster situation. Emergency Response activities also depend on two factors — information and resources. Without these two vital components, the best plans, management structure, skills and expertise become virtually useless.

Factors to Consider in Emergency Response

Effective emergency responses can be identified before any disaster strikes and could be disaster specific. The identification is done through planning a well-defined disaster response to potential threats.

Beyond search, rescue and evacuation, most emergency responses are centered in the provision of food, shelter, water, primary health care and sanitation. However, emergency response is ideally sustained within 2-3 weeks after a disaster. Longer periods of relief assistance can result to "relief dependency syndrome" or dependence of the community to assistance provided by institutions.

The following factors can inform the type of emergency response to be undertaken:

> **The type of disaster** - depending on its type, the onset of disaster may provide long warning, short warning or no warning at all. This will obviously influence the effectiveness of activation, mobilization and application of response effort.

> **The severity and extent of disaster** - these represent the size and shape of the response problem and particularly affect aspects such as: 1) the ability of response effort to cope with the problem, 2) the urgency of response action and the priorities which are applied, 3) exacerbation of disaster effects if appropriate action is not taken, and 4) requirements for external assistance.

> **The ability to take pre-impact action** - if warning time and other conditions permit pre-impact action in the form of evacuation, shelter or other protective measures to be taken, this may have a major effect on the success of overall response.

> **The capability for sustained operations** - A frequent requirement of response operations is that they must be sustained over a long period to be fully effective. Several factors are involved including resource capacity, management, community self-reliance, and international assistance. However, the capability to sustain operations, relative to potential threats, is a disaster management objective that needs to be carefully addressed both during preparedness and response action itself.

> **Identification of response requirements** - An important characteristic of response is that it is able to anticipate the kind of response action for any particular disaster. The effects likely to emanate from individual disasters are well established. Thus, the required response actions are also identifiable. This represents a considerable advantage in disaster management, in that it is possible to plan and prepare for well-defined response action in the face of potential threat.

Basic Requirements for Emergency Response

note to the facilitator: Create visuals for the input on the Basic Requirements for Emergency Response. The visuals will explain the requirements faster and with less verbal explanation. This would also break the monotony after long preceeding inputs.

Food - It is best to ensure availability of necessary basic food to the community in distress. Their dietary requirements must be understood to be able to distribute "acceptable" food for the victims. For example, Aeta evacuees during the Mount Pinatubo eruption were camote eaters. Thus, the canned goods that were distributed were left untouched.

Health - The provision of primary health care which can prevent forseeable outbreaks of epidemic in the evacuation centers and the surrounding communities. This also includes appropriate medical intervention such as First Aid administration in emergency cases.

Water - The basic principle is to provide safe water for general use of the community. Available water sources should be protected from contamination, conservation measures should be taken when quantities are inadequate, and storage and distribution systems should be disinfected when water is infected.

Shelters - Some disasters result to evacuation of victims to temporary settlements, while some stay in shelters longer depending on circumstances. For instance, victims of volcanic eruptions usually stay in evacuation sites longer than victims of typhoons. In some relocation efforts, shelters can be converted to permanent houses.

Sanitation - The first to be established in an evacuation center or temporary shelter is the proper disposal of human excreta and kitchen garbage to ensure hygiene, and to prevent contamination of water and food supply.

Activity: Case study Role play

timeframe:
1 hour

process:

1. Divide participants into 3 groups.
2. Give each group a case to study:
   Case 1: mass casualty management — flashflood or landslide
   Case 2: emergency health —— ex. vehicular accident
   Case 3: emergency food aid —ex. chaos in distributing food relief
   > Handling people's temper

Other options

Case 4: if there is not enough space in evacuation center,
   no toilets, no water
Case 5: massacre situation

3. Ask the groups to study their case and discuss among themselves:

   ➢ Their experiences similar to the case
   ➢ What they will do in such a case
   ➢ What have been the strengths and weaknesses or problems encountered
      in handling such cases

4. The groups will present highlights of their discussions through role-play.
5. Process the activity by looking into the spread of initiatives on the cases and
   the strengths and weaknesses encountered.

Evacuation Center Management

evacuation

Evacuation is the process of moving or transferring families in disaster-stricken or threatened areas to safe places. There are two types of evacuation 1) precautionary that is done prior to impact and 2) post impact which involves the movement of victims from disaster-stricken area into safer, better surroundings and conditions.

Objectives of Evacuation

General - To save lives and properties, minimize sufferings and deal with the immediate damage caused by disaster.
Specific
➢ To handle with reasonable effectiveness the pre, during and post evacuation process
➢ To provide temporary refuge to individual families who are potentially at risk or in actual danger because of the hazard
➢ To ensure that displaced disaster victims are immediately attended to and provided temporary shelter, food, clothing, domestic items and comfort-giving

what is an evacuation center?

It is a temporary shelter where disaster victims can take refuge. It is a venue where evacuees are provided with the needed basic assistance, are helped to overcome their anxieties, are organized and involved in various activities such as cleanliness and sanitation, masterlisting of victims, food distribution and others.

evacuation process

note to the facilitator: Write down the evacuation process in 19 metacards. Pin the cards on the wall or board one by one while discussing the points below.

1. Inventory of available facilities and amenities
2. Activate ECs
3. Activate disaster welfare inquiry desk and NGO desk
4. Ensure proper identification and visibility
5. Registration of evacuees
6. Provision of basic requirements (nonfood/food)
7. Conduct masterlisting of evacuee
8. Post masterlist of occupants in their rooms
9. Assist evacuees indentification of room leaders
10. Come up with profile of evacuee
11. Organize evacuees into work brigades/committees
12. Orient committee members (duties/responsibilities)
13. Assess other needs of evacuees (eligibility for services)
14. Undertake/implement activities/services
15. Ensure proper management of resources
16. Special attention should be given to long term process
17. Conduct consultations with evacuees
18. Assist families in preparing their rehabilitation plan
19. Initiate regular consultations with other service providers and NGOs, POs. Present to them results of consultation with evacuees. Identify areas support.

facilities and amenities required in evacuation centers

1. Water facilities
   - Water pumps/artesian wells/ water tanks
   - Water containers
   - Potable water for drinking

2. Lighting facilities or installation of electric power (if possible gas lamps, flash-lights, candles, matches and other indigenous lighting system in the area should be made available)

3. Adequate comfort rooms and toilets (2 toilets for every 20 families)

4. Space/materials/supplies for sleeping

- Mats or cartons for sleeping areas
- Blankets and mosquito nets

5. Stockpile for one week of relief supplies and other domestic items and materials

6. Storage space for stockpile commodities

7. Space for working which can accommodate at least a table and a few chairs for use of workers assisting the evacuees

8. Compost pits, empty big cans/drums and large plastic bags for garbage disposal

committees at the evacuation center

Shall include but not limited to the following:

➢ Committee on cleanliness and sanitation
➢ Committee on survey and masterlisting
➢ Committee on relief (for food distribution, preparation of relief distribution, sheets
➢ for ready use)
➢ Committee on Community Kitchen/Mass Feeding and Food Preparation
➢ Committee on Drills and Exercises
➢ Committee on Recreation and Sports

Critical Incident Stress Debriefing

Critical Incident is an event caused by natural or man made hazards that has the potential of causing powerful reactions in the majority who are exposed to it. Strong reactions if not discussed and understood can interfere with work and home life during and after the event.

When there are critical incidents there are always victims. They may be categorized into:

Direct victims - those killed or injured

Indirect victims - family, friends, co-workers and those identifying with the direct victims

Hidden victims - crisis workers, PNRC staff and volunteers, disaster managers and staff, police, firemen, hospital workers

itical Incident Stress Debriefing (CISD) is a preventive stress management strat-y designed to assist affected people in handling normal stress. Debriefing was iginally developed to assist crisis response teams in recognizing and managing their n normal reactions to traumatic exposure. Later, it was used to assist victims, rvivors and disaster relief workers as well. Through debriefing, individuals realize at experiencing severe stress during a critical incident is a normal reaction.

d is a tool that can:

Assist victims to deal positively with the emotional effects of a severe event
Provide education about current and anticipated stress response
Provide information and support for coping and stress management

iD are conducted through sharing-reflection sessions that are confidential. The ectives of CISD is for participants to:
share experiences, feelings, reactions during and after critical incident
earn to identify current and anticipated stress responses
dentify and discuss coping skills for reducing stress
ormulate and discuss contingency plans

re are different kinds of reactions to critical incidents as can be gleaned from table below:

RESPONSES TO STRESS

Physical Response	Emotional Response	Cognitive Response	Behavioral Response	Spiritual Response
➢ Dizziness, fainting	➢ Fear,	➢ Disbelief, denial	➢ Crying, inability to talk	➢ Anger at God and blaming him for what happened
➢ Tightness in the throat or stomach	➢ Shock, panic, worry	➢ Confusion	➢ Avoidance behavior	
➢ Chest pains	➢ Anger, frustration, negativity, cynicism	➢ Racing thoughts	➢ Procrastination, withdrawal, absenteeism, delay in dealing with difficult interactions	➢ Feeling threatened, victimized
➢ Pounding heart, rapid pulse	➢ Bargaining, remorse, guilt, self-reproach	➢ Feeling of overload, tired of thinking		➢ Self-preoccupation
➢ Shortness of breath	➢ Depression	➢ Preoccupied with thoughts around the incident	➢ Restlessness, overactivity, inability to sit still	➢ Disillusionment
➢ Increased perspiration	➢ Helplessness	➢ Inability/ difficulty concentrating, absent-minded		➢ Questioning major life areas
➢ Gut reactions, diarrhea, constipation	➢ Loss of confidence		➢ Immobility	
	➢ Feeling alienated from people	➢ Difficulty in prioritizing and making simple decisions	➢ Accident prone, suicidal tendency	➢ Doubt values sytem or religious beliefs
➢ Headache	➢ Boredom			
➢ Muscle tension, pains, cramps	➢ Desire to be alone	➢ Reluctance to begin projects	➢ Irritability, aggressivenss	
➢ Nervous tics, mannerisms	➢ Need for constant companion	➢ Suspiciousness, paranoia	➢ Increased smoking, alcoholism, medications	
➢ Gritted teeth, clenched jaws	➢ Reluctance to take on other people's problems			
➢ Sleep disturbances				
➢ Appetite disturbances, loss of appetite, overeating	➢ Acceptance or recognition			
➢ Loss of energy, extended fatigue, feeling tired, drained				
➢ Frequent physical				

Physical Response	Emotional Response	Cognitive Response	Behavioral Response	Spiritual Response
ailments that linger and reoccur ➢Allergies				

cisd process: sharing of facts and feelings

➢ Clarifying Facts of the Critical Incident

Before sharing individual experiences on the critical incident, it is important to clarify exactly what happened. A resource person or the facilitator can inform the groups about overall facts and details surrounding the incident.

➢ Confidentiality Agreement

Confidentiality should be observed to make the session helpful. The participants will also feel more comfortable in sharing their experiences. Confidentiality means that what have been said in the session will not be relayed to other people both by the facilitators and others present. Consult the group if they agree with this rule.

➢ Guide to Sharing

Begin individual sharing by focusing on what happened and how people felt during and after the incident. Encourage discussions by taking on the mindset that there are no right or wrong answers or ideas. Let participants feel free to express their feelings, thoughts and reactions. If others may not be willing to share, let them just listen and feel comfortable.

Do a short relaxation exercise following these steps:

1. Close your eyes, slowly breathe in and then out.
2. Continue this for three to four breaths
3. Then, slowly recall to mind scenes from the critical incident either from recent experience or the remote past

In the sharing, each person will describe:

1. What happened to him/her during the critical incident
2. How did s/he feel then?
3. How does s/he feel now?
4. While sharing, that person may also recall another severe incident or life experience. If s/he wants, s/he may also share this.

➢ **After the Sharing**

Thank the people for their openness and willingness to share. Take note of similar and unique responses. Relate these strong reactions to other people's reactions exposed to the same incidents. Encourage participants to confront their stress by noting that people normally react in the same way and cope in several ways.

➢ **Closing Group Sharing**

Sharing a critical incident often brings back or seems to recreate the critical incident in one's mind and body. As a result, tension may be re-experienced. Relieve this tension by another round of breathing exercises.

HEALTH EMERGENCIES AND HEALTH RESPONSES

introduction

The Philippines struggles to cope with its everyday health problems, especially with its vulnerable groups and communities. Most often than not, these are the same communities who are most severely affected by disasters, both because they are vulnerable and their capacity to respond is usually weak.

Hence, response to disaster has to be a part of the primary health care (PHC). The priority health problems which follow in the wake of many disasters, such as diarrhea, acute respiratory infections, vaccine-preventable diseases and malaria and the groups most seriously affected by disasters (poor, isolated, women and children) are, and should be, a priority focus for the routine health services.

ects of disasters on health

Transportation of the ill, injured, personnel and supplies
Assigning personnel, obtaining adequate information and reporting
Contamination of food and water causing spread of communicable diseases
Separation of families and shattered morale
Need for additional staff, supplies and/or transporting patients to other facilities
Reluctance to seek medical care if income or normal channel of care has been disrupted

ects of natural disasters on health

ort Term alth Effects Natural aster	Earthquake	Hurricanes/ High Winds	Volcanic Eruptions	Floods
th	Many	Few	Varies	Few
ere Injury uiring nediate Care	Overwhelming	Moderate	Varies	Few
h Risk of ectious eases	Potential Problem In All Major Disasters	Potential Problem In All Major Disasters	Potential Problem In All Major Disasters	Potential Problem In All Major Disasters
d Scarcity	Rare (may occur due to other factors)	Rare	Common	Common
or Population Movements	Rare (may occur due to other factors)	Rare	Common	Common

basic principles for health services

Preparing and responding to disasters is really no different from preparing for and responding to any other type of health problem.

1. **Recognize That Events are Unpredictable.** Disasters are usually unpredictable and since there is a need for rapid action, decisions have to be taken quickly, bearing in mind that with many disasters there is probably less than an "emergency" than the common misconceptions would lead us to believe. Anything that can minimize the impact of change (EWS, Hazard Mapping) must be done.

2. **Learn From the Experience of the Past.** Learning from the past helps us define priorities and makes sure that essentials are dealt with first. What works? What does not? What are the main health problems and who were most seriously affected by the previous disaster?

3. **Build on the Strengths of the Community**

the fundamentals of health responses

➢ Prepare the community
➢ Train all sorts of people
➢ Ensure that they are ready
➢ Local community is the key player in disaster preparedness and response

response

The emphasis is on:

➢ Management of casualties
➢ Evaluation/Referral
➢ Assessment of immediate damage/needs
➢ Health care in shelters
➢ Collection and dissemination of information
➢ Monitoring of environmental health

- ➤ Epidemiological surveillance
- ➤ Public health information/education
- ➤ Emotional/psychological support

recovery

The emphasis is on:

- ➤ Restoration of normal health (primary care systems)
- ➤ Needs/damage assessment
- ➤ Rehabilitation of the health facilities and services

HEALTH SERVICE

purpose

1. To protect life through health and medical care of the populace
2. To preserve life through proper medical aid and provision of medical facilities
3. To minimize casualties through proper information and mobilization of all medical resources

concept of operations

1. An emergency or disaster necessitates the mobilization of all medical resources in order to protect and preserve human lives. The basic concept of Health Service is local government-community effort. The organizational spectrum stretches from the national to the barangay levels.

2. The units shall operate in the city or town districts and barangay puroks. The Service is inherently mobile and therefore may be called upon to operate in other neighborhoods or render assistance to other municipalities.

3. All levels of the organization is organized in such a way that overall participation of the citizenry is ensured. All resources relating to medicine and so-called professions or occupations are involved.

4. The service shall also participate in the dissemination of basic and essential information pertaining to first aid and health protection to include fall-out action in case this happens. Information dissemination includes individual action and basic protection procedures pertaining to air raids, radiological, biological and chemical defense.

possible problems / needs

➢ Inadequacy of basic service delivery capacity due to loss of personnel, facilities, transport, etc. and/or previous deficiencies

➢ Inadequate availability of drugs and other essential supplies

➢ Casualties (the majority usually minor) requiring treatment

common health problems during disasters

Need/Problem: INJURIES

Objectives:

1. Minimize further injury and prevent complications
2. Relieve pain and discomfort
3. Provide means of transport to a safer area

Interventions:

1. Provide immediate and appropriate treatment
2. Proper handling and positioning
3. Immediate evacuation to nearest medical facility
4. Provide psychological support

The above must be met within six (6) hours after the disaster.

Need/Problem: DEATH

Objectives:

1. Provide care of the dead

    ➢ Proper identification and disposal
    ➢ Notification of relatives
    ➢ Spiritual blessing to the dead

2. Provide supportive care to the bereaved family

Proper mark on the grave site must be done so that when relatives come to claim their dead, recovery is easily facilitated.

Need/Problem: LACK OF RESOURCES (Manpower, medical supplies, etc.)

Objective: Maximize existing resources

Interventions:

1. Organize manpower by teams

    ➢ First aid
    ➢ Communication
    ➢ Transportation
    ➢ Distribution of relief
    ➢ Survey
    ➢ Education and publicity
    ➢ Family service

2. Establish priorities
3. Initiate collection of funds

Activities:

1. Delineation of functions and responsibilities of personnel (use of volunteers and on-the-job training)
2. Selective use of medicines and supplies

3. Selective referral of cases to physicians
4. Improvisation of needed facilities
5. Approach socio-civic organizations
6. Encourage self-help activities

Need/Problem: EPIDEMICS

Objective: Control of Epidemics

Interventions:

1. Initiate preventive measures
    ➢ Isolation
    ➢ Immunization
    ➢ Environmental sanitation
        ▪ Early recognition of signs and symptoms of communicable diseases
        ▪ Knowledge of the nature, cause, mode of transmission
2. Treatment of cases to proper authorities
3. Record and report known cases to proper authorities
4. Accomplishment of terminal disinfection

Need/Problem: POOR SANITATION due to congestion in evacuation centers

Objective: Maintenace of sanitary environmental condition conducive to healthful living

Interventions;

1. Dissemination of health information on:
    ➢ Effects of poor sanitation
    ➢ Personal and community hygiene
    ➢ Proper use of toilet facilities
    ➢ Proper disposal of waste and garbage
    ➢ Insect and vermin control

2. Secure help of proper authorities for maintenance of safe water supply
3. Organize teams for effective implementation of objectives

4. Early recognition of communicable diseases

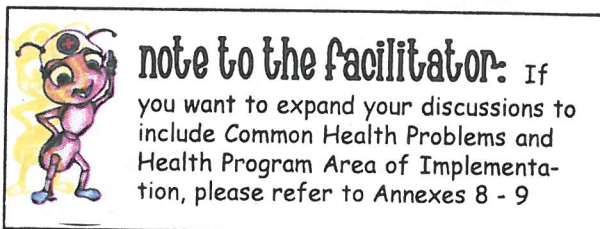## Need/Problem: PSYCHOLOGICAL PROBLEMS

➢ Panic
➢ Anxiety
➢ Confusion
➢ Depression
➢ Shock
➢ Trauma
➢ Spiritual needs

Objectives:

1. Provide supportive measures in meeting crisis situations
2. Provide spiritual assistance

Interventions:

1. Early identification of signs and symptoms indicative of stress
   ➢ Establish rapport
   ➢ Encourage verbalization
   ➢ Listen with acceptance and communicate calmness
2. Provide diversional, occupational and recreational activities
3. Encourage hope and trust in God's steadfast love
4. Refer to minister own faith

note to the facilitator: If you want to expand your discussions to include Common Health Problems and Health Program Area of Implementation, please refer to Annexes 8 - 9

SEARCH, RESCUE AND RECOVERY OPERATIONS

definition of terms

RESCUE means to free a person/s from the dangers of death or destruction by immediate, decisive and vigorous actions.

EXTRICATION OR RECOVERY is a method of freeing victim/s of an accident or series of accidents from that which binds or restrains them, by means of force ingenuity or both. Extrication may range from simple opening of a car door to gain access to the victim to a complex situation of multiple victims trapped in collapsed building or mountaineer/s lost in the mountains.

SEARCH, RESCUE AND RECOVERY OPERATIONS may take a few minutes to several hours or even days.

classification of rescue

1. LIGHT RESCUE

Transfer of injured person/s from an uncomplicated accident/s to a place of safety.

The simplest to carry out and generally with a minimum use of equipment.

2. MEDIUM RESCUE

Involves the use of light equipment such as jacks, pry bars, ropes and simple riggings.

HEAVY RESCUE

nvolves the use of heavy equipment and/or special tools/equipment

magination, ingenuity, analytical and technical skills are required of a rescuer.

lay include breaching of walls, disimpaction or sometimes dismantling of ve-
icles to disentangle the victim/s from that which restrains them.

e phases of response to a disaster

LARM PHASE - is concerned with the immediate activation of adequate and
ppropriate resources.

/ORK (OR IMPLEMENTATION) PHASE - carrying out of "LAST".

ET DOWN PHASE - after the work is completed, all personnel must recover
rom the stress of the disaster - Critical Incident Stress Debriefing (CISD)

e methods of transfer which may be used during search and rescue and re-
ry operations

One man assists/carries/drags
1. Assist to walk
2. Carry in arms
3. Packstrap carry
4. Piggy back carry
5. Fireman's drag
6. Fireman's carry

Two-man carry/assist
1. Assist to walk
2. Four-hand sit
3. Hands as a litter

2.4. Chair as a litter

2.5. Carry by extremities

3. **Three-man carry**

4. **Bearer's along side**
5. **Hammock carry**

6. **4-6-8 carry**

7. **Blanket carry**

four phases of search, rescue and recovery operations •acronym is last•

1. LOCATE (or search for the victims)

First step after a survey of the accident site has been done. May take a few minutes to several hours or even days. May involve large areas of dangerous terrain or condition. Most of the time, strenuous and dangerous; rescuers must move fast and light; equipment may be left behind at a staging area. Rescuers stop only when victims have been found or the area is too dangerous to navigate, in which case, elimination of the danger/s must be carried out or alternative procedures may be used.

2. ACCESS (REACH FOR THE VICTIMS)

The race against time and life and death begins.

May take a few minutes to several hours; rescuers must maintain constant monitoring of the victim/s and conditions of her/his surroundings.

Most often dangerous since rescuer puts her/himself in the situation and condition of the victim/s.

Equipment at the staging area must now be brought to the location of the victim/s.

Rescue/recovery equipment are heavy and bulky and slow down rescuers' travel, therefore, support teams may be asked to carry equipment.

STABILIZE THE VICTIM/S

Once access to victim/s is accomplished, temptation to immediately move or transport the victim/s becomes great. Rescuer must resist this and exercise full contol of her/himself and those of others. Careful but speedy removal of the victim/s as well as those of the rescuers.

Triage begins at this stage. This triage, however, is distinct and different from the Medical Triage Priorities and applies only to extrication process.

Priority 1 - remove lightly pinned victim/s - those who can be freed by lifting a beam or removing a small amount of debris.

Priority 2 - remove victim/s who is/are trapped in more difficult situation but who can still be rescued by the use of equipment readily at hand in a minimum amount of time.

Priority 3 - remove those victim/s who is/are trapped in more difficult extrication process. It may involve cutting through floors, breaching of walls, removing large amount of debris, or cutting through metal obstructions.
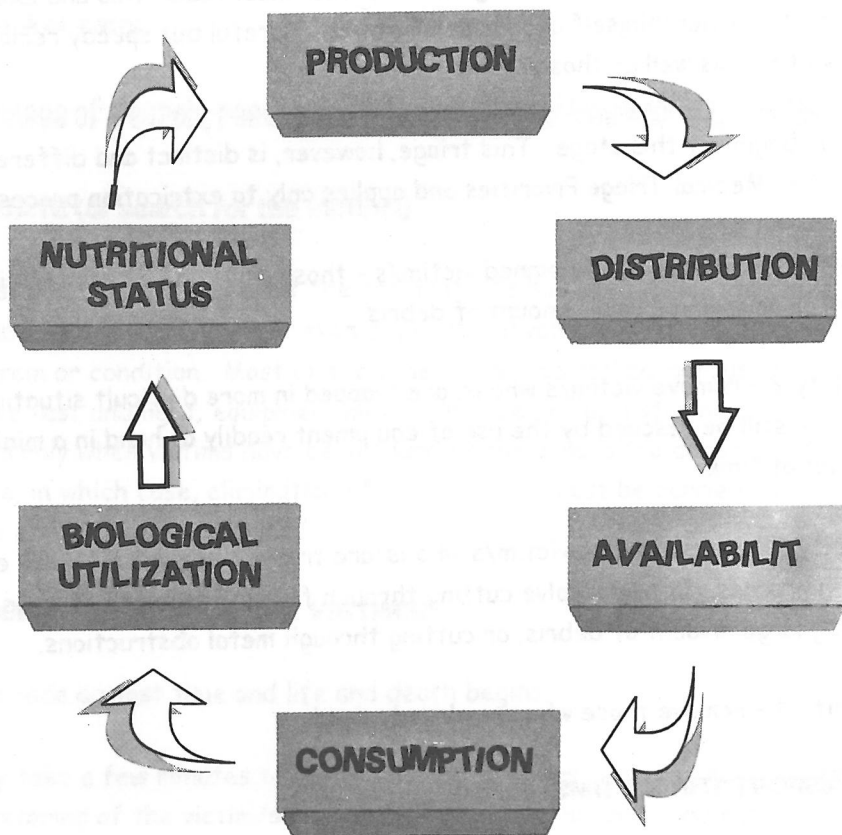
Priority 4 - remove those who are already dead.

TRANSPORT THE VICTIMS

This is not confined to the simple task of loading the victim/s into an ambulance or vehicle. This may involve several processes of transferring the victim/s from one area to another until they are in the emergency room.

the food chain

The Food Chain

```
          PRODUCTION
    ↗                  ↘

NUTRITIONAL         DISTRIBUTION
  STATUS
                        ⇓
    ⇑
BIOLOGICAL          AVAILABILIT
UTILIZATION
    ↖                  ↙
          CONSUMPTION
```

tors influencing a strategy of action

Use of malnourished group as basis for determining a strategy

Not planning for a long-term solution based on self-sufficiency fir a population that has already benefited from the assistance

Mechanics of aid

Non-consideration of the economic impact of aid

ignorance of non-food solution

ack of an effective surveillance system

t kind of food?

ultural acceptability

vailability

rgency of the situation

riod required for delivery

onomic impact on the local market

iality of the food

st (whether purchases or donations)

insport facilities

itoms problems

considerations in organizing food distribution

➢ Crowds of beneficiaries

➢ Food to be distributed

➢ Support systems

➢ Distribution sites

➢ Distribution mechanisms

the food ration

The Food Ration

FOOD HABITS
local culture
beliefs
Taboos

CONSTRAINTS
logistical
transportation
storage cost
(distribution cost)
Cost

Factors
considered
in choosing
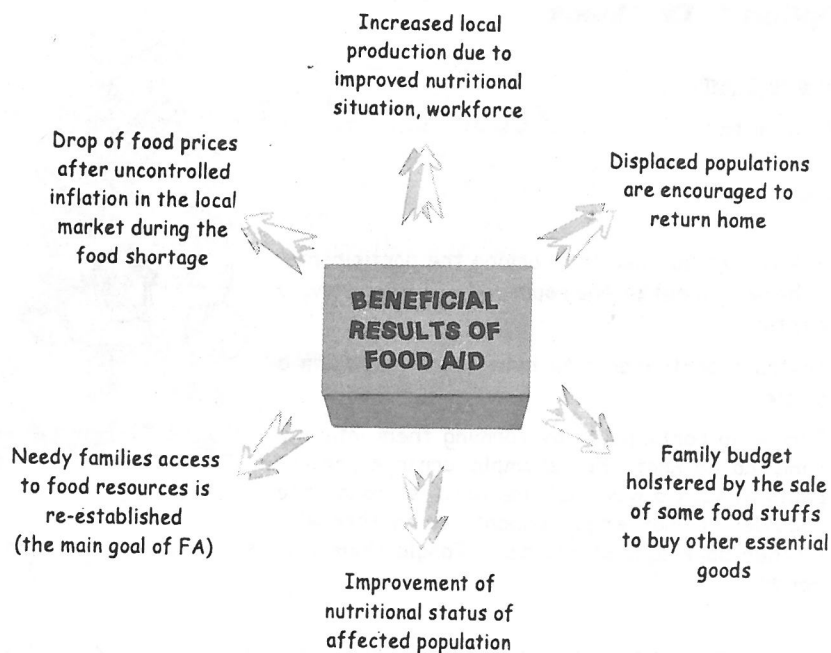food for
assistance

ENVIRONMENT
physical (cold,stress,
access to water
and fuel)
political (security)
economic (value of
the food)

FOOD COMPOSITION
energy value
protein content
vitamins, minerals

the benefits of food aid

The Benefits of Food Aid

Increased local production due to improved nutritional situation, workforce

Drop of food prices after uncontrolled inflation in the local market during the food shortage

Displaced populations are encouraged to return home

BENEFICIAL RESULTS OF FOOD AID

Needy families access to food resources is re-established (the main goal of FA)

Family budget holstered by the sale of some food stuffs to buy other essential goods

Improvement of nutritional status of affected population

udgeting for efa

REQUIREMENTS	QUANTITY	UNIT	UNIT PRICE	TOTAL
FOOD				
OPERATIONAL COSTS				
1. Transport				
2. Distribution				
3. Personnel				
4. Monitoring				
5. Visibility				
6. Admin/Office				
7. Contingency				
OVER-ALL TOTAL				

Option 1: Dr. Quack

time requirement:

35 minutes

process:

1. Ask for a volunteer from among the participants. S/he will go out of the room and will later solve a puzzle.

2. Instruct participants to hold hands and form a circle.

3. Tangle up participants by forming them into one complicated knot. For example, arrange participants in such a way that one hand is around the shoulder of another participant... or another with his/her back against another... Tangle them up but they have to remain holding hands.

4. When satisfied with the "knot" made, call the volunteer to entangle the "knot." The rule is that s/he must be able to do this with the participants still holding hands. Through the volunteer, the participants should be able to return to their original circle.

5. Process the activity by asking and discussing together the following questions:

   To the volunteer: *What did you feel while solving the puzzle?*
   What did you find difficult?
   What helped you solve the puzzle?
   What did you learn from the activity?

   To those in the circle: *What did you feel while the volunteer is undoing the "knot"?*
   What do you think was the difficulty?
   What helped solve the puzzle?
   What did you learn from the activity?

6. Synthesize the discussions by taking note of common and unique insights. Link the activity to the topic on Damage, Needs Assessment (DNA) by considering the following synthesis points:
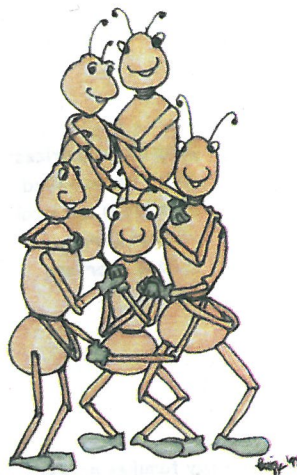
DNA as a community activity
Communities know more their needs
Need to learn the skill in doing DNA
Cooperation between communities and partners from outside
to determine DNA
Other points from the discussions...

tion 2: How many squares

time requirement:

30 minutes

process:

1. Prepare the drawing of squares.

2. Ask participants how many squares there are.

3. Everytime a participant gives a guess, ask the
    basis of such guess. Validate if the answer is
    correct. Continue the guessing game and chal-
    lenge participants to look more closely at the
    drawing.

4. After several trials, give the right answer and
    explain why.

5. Process the activity using the suggested synthesis points below:
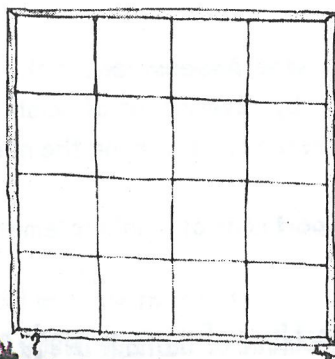
There are several ways of assessing damage and needs
Analyzing damage needs assessment is based on how we look at situations based
on our experiences

6. Add the synthesis points used in Dr. Quack activity.

Definition and Terms
Lecture/Discussion

Providing accurate information on the effects of the disaster is an imperative for effective emergency response. This enables authorities to decide on the types and amounts of assistance necessary without viewing the disaster area themselves. Getting necessary information can be done through 1) conduct of accurate damage survey; and 2) assessment of relief and other needs by a well-trained and pre-selected team and qualified assessors/local observers.

the following are basic terms used for damage, needs assessment:

Survey is the inspection or examination of situation in order to ascertain conditions and value. The result of this activity is used as bases for recommendations.

Damage Assessment is the estimation and description based on physical observation by government officials on the nature and extent of damage resulting from a disaster to determine the needs or disaster response.

Report is an official statement or accounting of the matter being studied/surveyed.

objectives of damage needs assessment

1. To obtain a general picture of the post impact situation (overall idea of the extent and severity of the effects).

2. To establish the state of accessibility into and within the stricken-area for rescue operations, medical and relief assistance and supply needs.

3. To determine the needs of stricken community in terms of immediate relief and long term recovery.

4. To determine the levels of damage to properties, buildings and structures for purposes of restoration and reconstruction.

5. To assess or verify agricultural production losses which may need rehabilitation.

6. To establish the spread of contamination from hazardous substances.

7. To establish other threats which might affect the health of the stricken community.

considerations for damage needs assessment

The following have to be considered in damage assessment:

➢ areas to be assessed   -   damage done
> needs or disaster response requirements

➢ levels of assessment

level 1 - no significant damage
level 2 - minor damage requiring minor repair
level 3 - major damage requiring major repair
level 4 - destruction requiring reconstruction

➢ needs assessment prioritization

top priority includes search and rescue, medical and health, shelter, lifelines and critical facilities
2nd priority are personal and agricultural needs
3rd priority are the immediate and long term economic needs

basic guidelines in conducting damage, needs assessment

1. Base the report on close personal observation.
2. Report on how it was obtained if your source is secondary.
3. Secure reports from other agencies to speed-up assessment.
4. Inform the participants about the disaster information system established by the Task Force in disaster statistics.
5. Coordinate with other groups of related functions to avoid over laps, which means working harmoniously with other groups to avoid duplication of work.

6. Focus attention on damages related to assigned task. Concentrate on your own area.
7. Budget your time and effort to make your report the best damage assessment possible in the time available. Observe timeliness in preparation.
8. Make a damage assessment checklist prior to the survey to ease up your task. Take note of the following basic types of information:

> location of damaged facilities
> nature and extent of damage
> peso value of damage
> impact of damage on the community

Exercise: Assessing Damage (45 min)

time requirement:
45 minutes

materials:
Damage assessment forms

process:

1. Give each participant a damage assessment form.
2. Let them fill up the form individually.
3. Go around the room and entertain questions during the exercise.
4. If time will allow, close the activity by surfacing out and discussing common difficulties encountered by participants.

Topic 4: Disaster Reporting and Media Cooperation

Activity: Message Relay
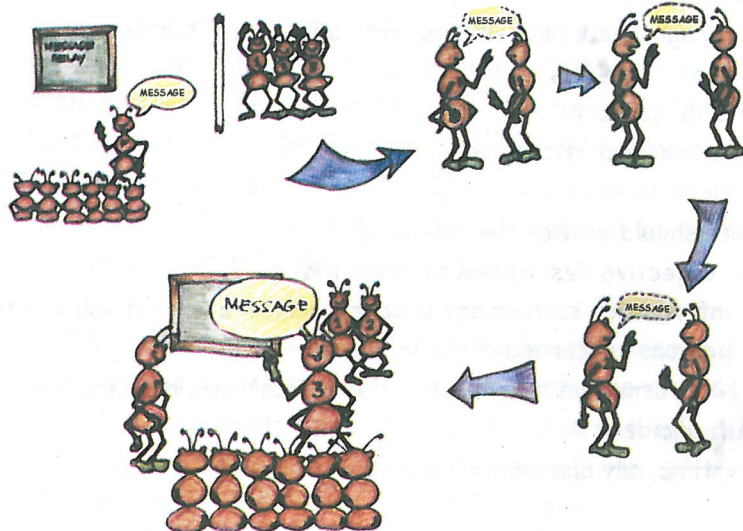
time requirement:
30 minutes

materials:

message

process:

1. Prepare a message of four to five sentences. The message should be detailed and related to emergency response.

2. Ask 10 volunteers to go out of the room. Make sure that they will not be able to eavesdrop on what is being discussed in the plenary. Instruct them to wait for the facilitator's signal for them to return to the room.

3. Write the message on the board. Ask all participants to read the message silently. Ask one participant to memorize the message (no handwritten notes). After a minute, erase or cover the message on the board.

4. Call one volunteer to enter the room. Ask the participant from the plenary to relay to him/her the message on the board. (No coaching from the audience, please!).

5. Ask the volunteer then to relay that same message to the group of volunteers (may be in two's or three's) that will be called. The new set of volunteers who entered will then relay that same message to the next volunteers.

6. Have the message passed on in this manner until all the volunteers outside the room have entered.

7. Write how the message was retained after the last volunteer.

8. Compare it with the original message.

9. Discuss the learnings in the activity by raising the importance of accurate disaster reporting. Link this with the proceeding lecture-discussion.

Background on Disaster Reporting

Lecture Discussion

Disaster reporting is done to:

➢ provide a permanent record of the information obtained
➢ communicate this information
➢ provide basis for evaluation
➢ keep abreast of current events
➢ serve as basis for the dissemination of activities to the public

A good report must be:

➢ complete, accurate and specific
➢ easy to understand
➢ properly paragraphed, abbreviated, capitalized, punctuated
➢ concise
➢ grammatically correct
➢ adapted to the level of the reader

A complete report should answer the following:

➢ WHAT - objective description of the situation
➢ WHO - information such as age bracket, names, etc. that will identify the persons concerned in the incident
➢ WHERE - information that has to do with location/places pertinent to the incident
➢ WHEN - time, day and month, year

> HOW - information that will explain how the incident took place
> WHY - factors which led to the occurrence of the incident

The report should also include the writer's purpose and viewpoint, background information on the methods used in data gathering, and his findings and recommendation and conclusion.

standard format of ndcc's report

INITIAL REPORT is usually written at the first impact of disaster and is submitted through the shortest possible means. It includes a brief background of the nature of disaster, present conditions, magnitude of the disaster to include areas affected, total population affected, casualties, properties damaged, emergency activities being conducted and types of assistance needed.

PROGRESS REPORT follows the initial report that provides additional information, and amends or corrects initial report. These reports are sent continuously depending on the magnitude of the disaster and provide information relative to present emergency activities, problems that have arise and types of assistance needed and action taken. This report is submitted at regular and established intervals.

FINAL REPORT is prepared after all information have been obtained and verified. The report covers the start of the disaster until the end of the emergency. It describes the human damage, material damage in physical and monetary terms and additional information on the natural phenomena. This report becomes the basis for the preparation of a rehabilitation plan after the report has undergone the process of prioritization of projects for funding. Disaster operations are terminated after the final report is rendered and the local DCC prepares an assessment on the effectiveness of the disaster operations. This report should be submitted two weeks after the termination of the disaster operations.

The local DCCs conduct immediate survey in the disaster area to determine the effects. Results of the survey are immediately reported to the DCC in the affected locality for initial assessment, which shall be submitted to the next higher DCC, then National Disaster Coordinating Council (NDCC) through the Office of the Civil Defense (OCD) for final evaluation and appropriate action.

Based on the standard operating procedure on disaster management, the implementing government agencies shall submit a written report to the Regional Disaster Coordinating Council (RDCC) through the local DCCs every 24 hours or as often as needed during disaster operations. The RDCC shall submit post/final operations report upon termination of their operations.

> **note to the facilitator:** Since the preceding discussion is very long, you may introduce an energizer in between topics.

Topic 5: Media Cooperation

Introductory Input (5 min)

Disaster, especially a major disaster is news. Consequently, requests for information by local and international media are inevitable. It is clearly advisable to have organized arrangements to deal with this aspect. These arrangements are outlined in the plans and standard operating procedures (SOPs), which are the responsibilities of government information and broadcasting agencies.

It is important that conditions in the stricken nation be accurately reported internationally, with no misreporting or misrepresentation of international assistance efforts. To avoid possible misunderstanding and misinterpretation, it is important to give media representatives appropriate opportunities for briefing and gathering information soon after the disaster impact. Delays may lead some media people to making their own news, which may not be in the best interest of the affected nation.

Good relation with the local media is equally important. The local media can help in disseminating warnings, evacuation announcements and stimulating public awareness on disasters.

Red Cross Public Relations Concepts
Input-Discussions with Visuals

> **note to the facilitator:** Prepare visuals showing the highlights of each sub-topic. If possible, spice up the visuals with comic cartoons.

. A Public relation (PR) is the sum total of who we are and what we do in Red Cross (thus embodying competence and remarkable efficiency toward achieving service excellence). Everyone of us in Red Cross family (whether volunteer leader, policy-maker, paid staff or specialized service volunteer) should be perceived by the public as having admirable actuations or good enough at human relations and more important, a strong consistent commitment or devotion to making Red Cross bet-ter known and understood in terms of outstanding humanitarian services. But if in reality, this is but a reverse then we may not be performing that good, and the Red Cross may have a bad or very poor public relations.

. PR is 90 percent doing good and 10 percent telling the public about it. In this sense, all of us in the Red Cross should be working in harmony to post overall excellent achievement all the time. And wherever and whenever possible we take the initiative — individually or collectively — to communicate to the public these achievements. There are many ways to do it; through the media, internal publica-tions, narrative and pictorial reporting, through pep talks before a small or big group of listeners on special occasions and even on a one-on-one comunication.

PR is a management function. To be effective, we must be sure that our policies, plans of action, services, implementation, monitoring, evaluation and reporting should always done well or excellent. Otherwise, we will suffer from criticisms or bad public relations. It would be a disaster if the public sees Red Cross as not worthy of trust and support.

the primary focus of our communications

O ur Identity Program focuses primarily on caring for people, protecting human life and dignity and helping other people in communities around the country — regardless of political, racial, religious or ideological differences.

It is the intent of the Identity Program that this primary focus be incorporated in all Red Cross communication products and activities. In doing so, we must be careful how we project our image. We do not want to appear arrogant or self-righteous, insulting or offensive, institutional of impersonal. Doing so would undermine the purpose and principles of our Identity program.

We must avoid projecting an image of being old-fahioned or out-of-date, which may give the people the impression we are not responsive. At the same time, we do not want our communication products to appear too glossy or slick, giving others the perception that we are wasteful of donated money.

Rather, through the principles of our Identity Program, we are seeking to project that the people of Red Cross:

> Are working nationwide to protect people from natural or man-made disasters and other emergencies
> Help those in urgent need, on the basis of need only
> Are caring, trained and skilled
> Do not seek material gain as a result of their work. We also want to convey that the PNRC has high values and respects human life
> Is more than a philosophy, treaty or historical institution
> Is grounded in humanitarian law and fundamental principles of humanity

Communicating Red Cross to the Media

Input-Discussion with cue cards

The media provides a powerful and far-reaching opportunity to communicate who we are and what we do for the people in need. PNRC's identity is best communicated to media people through a strong, cooperative relationship.

Here are some steps on how to create or enhance your chapter's relationship with the media:

Develop a list of reporters and editors who cover issues that the PNRC deals with (e.g health and disaster) or who are interested in humanitarian organizations. Keep them informed of important activities of the Red Cross in your area.

Answer media inquiries promptly, fully, accurately and courteously. If you do not know an answer, find it and get back to the reporter immediately, or refer the reporter to another appropriate source. This way, you can establish yourself and the PNRC as a valuable and helpful information resource. Develop the relationship to secure balanced, consistent and frequent coverage in the future.

Reporters work by deadlines. Your first question to them must be "When is your deadline?" You must provide information quickly for the reporter to meet the deadline. This is essential not only for the reporter but for Red Cross as well. If you have not honored a deadline, the PNRC's side of the story will not be told. Furthermore, that reporter will not come back to you on other stories.

Stress facts. Many reporters react against attempts at self-promotion. At the same time, use your contact with the reporter to explain the PNRC and how it works. There might be future story possibilities if the reporter understands the PNRC in context — beyond the particular aspect or service he/she is covering.

5. Factual reporting can easily incorporate the Red Cross identity. Stress the human aspects of a story, the needs of the victims and the Red Cross people working to meet those needs. It should be clear to the journalist that Red Cross puts people first.

6. All reporters should have an equal opportunity for information. Favoring one reporter over another can extremely damage your relationship with other news sources. If a reporter contacts you for a story, however, that initiative should be respected. You are not obliged to call other reporters.

7. When dealing with reporters or editors who appear skeptical or hostile, avoid reacting emotionally. Discuss issues calmly, use facts to back up your statements and never lose your temper or act defensively. Keep the focus on the needs of the victims.

note to the facilitator: For detailed notes on how to handle interviews by media and the role of chapter spokespersons in talking with media, refer to Red Cross Operations Manual (Red manual) on Disaster Preparedness and Relief Service (Revised 1994 edition), pages 27 to 29.

Topic 6: Disaster Operation Centers (DOCs)
Input-discussions

operating the doc

One of the first tasks of the Disaster Coordinating Council (DCC) Chair or key person, when advised of a likely threat, is to determine quickly its size or severity that warrants activating the emergency or disaster operation center. Once activated, the DCC Chair or key person will control emergency operations from the center. Staffing levels and resources must be sufficient to permit the DOC to function smoothly and efficiently.

nergency management in the response phase is concerned with implementing mea-
ires that will save lives, reduce injury and distress, and establish a control struc-
re for rehabilitation of the community.

elow are such measures in different stages of DOC responses:

The Warning Stage

the local level, warning messages may be initiated through local warning agencies,
lice authorities, or other authorized agencies communicating directly with the lo-
government authority. Warning messages at the national level emanate from
encies such as PAGASA for weather disturbances, PHIVOLCS for earthquake,
canic and tsunami occurrences, DENR for environmental pollution, PNRI for radio-
ical emergencies, AFP for external threats, and PNP for civil disturbance.

s at the warning stage that DOCs are usually activated. Key DCC staff members
on a stand-by for possible response activities and the DCC communications and
ning system are tested.

The Threat Stage

threat stage begins with changes in conditions that indicate the likelihood of a
ster. Although the scope of the possible impact is unknown, previous knowledge
istorical records may provide a reasonable likelihood.

:ess of the disaster response measure to be implemented will rely heavily on the
rts previously put in during the mitigation and preparedness phase. The threat
: of the response entails full involvement of the Chairperson, DCC or key staff.

he Incident Stage

ncident stage may consist of a single event of limited duration such as an explo-
flash flood or transport accident, or may be multiple, extending over period of
such as series of earthquakes. The nature of the incident will greatly affect
isaster organization's ability to carry out life-saving measures and to establish
ol in the area.

Individuals in the community must be forewarned that there will be a period during which they will have to fend for themselves. The DCC is unlikely to assist everyone at the same time.

➢ The Assessment Stage

This is the period of adjustment and taking stock after the disaster. This is where evaluation and planning for the next step come in. Handling and flow of information is critical at this point as this will be the basis of what should be done next, and what resources are needed. It is the responsibility of the NDCC at the higher headquarters to assist in establishing additional communication links with the disaster stricken areas.

➢ The Rescue Stage

This period is characterized by self-help and largely spontaneous, unrecognized activity to extricate survivors, and to take precautionary and survival actions against secondary threats. The sense of urgency usually results to haste which can lead to uncoordinated and disjoint actions.

Later in the rescue stage, the efforts of individuals will be supplemented by surviving emergency service and rescue elements from areas outside the immediate disaster area. Measures to control and coordinate rescue manpower and equipment must be implemented to ensure the best use of resources.

➢ The Relief Stage

The period in which agencies and trained personnel acting on the DCC Chairperson's instructions move into the incident area and take charge. The activities undertaken by these elements can include:

    establishment of appropriate medical aid, clothing and accomodation
    provision of registration and local injury services
    more detailed search and rescue operations
    preventive action to reduce likelihood of further danger

No disaster ever occurs quite as predicted or expected, and no disaster is exactly like any other. All stages of the response will produce challenges for the Chairper-

son, DCC or disaster action officer. The responsible person's ability to manage the response will be greatly influenced by the measures already taken in the mitigation and preparation phase.

levels of activation of docs

Circumstances at the time of impending disaster will be the basis of the DCC Chairperson to determine the staffing needs and strategies of the operation. The operation can be classified according to the following:

> ALERT - The DOC is manned by a Civil Defense Officer with Key DCC staff members. Other staff and operating teams and volunteers are notified of the situation but are not yet required to report to the center.
> STAND BY - The DOC is manned by a Civil Defense Officer, key DCC staff, and operating teams such as rescue, relief, communication and public information.
> ACTION - All DCC members are required to report to the DOC.

operationalization of the doc

Alert the DOC Staff

The alerting process should be clearly stated in the DCC plan as Standard Operating Procedure (SOP). It may be a chain of calls where one person calls another on the activation roster. Alternate names should be included to make sure that the DOC is fully staffed.

Activate the Communications Equipment / Support Facilities

Unless the DOC is used on a daily basis, communications equipment should be tested. Activating the support system may mean anything from starting an emergency power generator to plugging in the coffee pot.

Initiate the Message Flow System

The message flow system is simply a method of recording messages as they arrive so they are documented and action can be taken. Usually, incoming messages are routed through the Operations Officer, who assigns the responsibility to act on the message to someone within the DOC.

➤ Make Available the Appropriate Logs, Maps and Status Board

It is vital that an operational log of events is maintained. Maps of the local community and surrounding areas and other resources should be in place before the emergency.
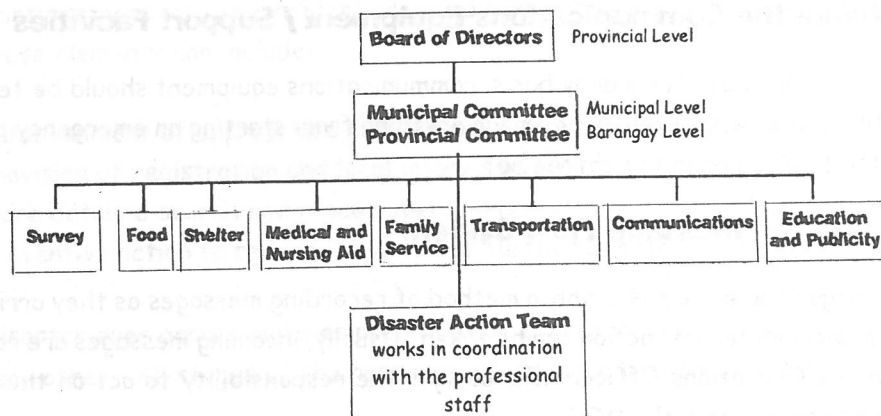
➤ Prepare a Shift Roster

If the DOC is to operate for any length of time, a roster of personnel by shifts should be prepared to make sure that duty personnel get their rest. Duty time, off duty and relief breaks must be scheduled.

➤ Announce Briefing Schedules

It is important to set up a briefing schedule as soon as the DOC is operating. The DOC should be briefed of every shift change, and at times, of major decisions or events. Provide the media with a briefing schedule so they will know when to expect a report from the DOC.

The tasks and responsibilities of the DOC personnel will come from the standard operating procedures to be defined by the DOC. This may vary according to the circumstances or present situation.

The DOC consists of a Civil Defense Officer, key DCC members and staff, together with the operating teams i.e., rescue, relief, communications and public information. In events of disaster, the DOC has the responsibility to coordinate all efforts and activities from search and rescue to recovery and rehabilitation.

Board of Directors	Provincial Level
Municipal Committee	Municipal Level
Provincial Committee	Barangay Level

Survey	Food	Shelter	Medical and Nursing Aid	Family Service	Transportation	Communications	Education and Publicity

Disaster Action Team
works in coordination
with the professional
staff

Topic 8: Red Cross Policies and Procedures on Disaster Responses

Input

The following policies shall govern the disaster relief activities of the PRNC:

Beneficiaries

➤ Victims of disasters, both natural and man-made (insurgency related incidents), are beneficiaries.

➤ Victims whose situation is further aggravated by other disasters.

➤ Victims of technological disasters.

➤ The family is the unit served. However, during the period immediately following a disaster, mass feeding is also extended to the people involved in the emergency response, e.g. rescue teams and other volunteers.

➤ Commercial and industrial establishments, educational, charitable or religious organizations are not assisted by the Red Cross as these have their own sources of funds.

➤ The most vulnerable.

Emergency Relief

➤ Relief assistance is extended in whatever form or forms (appropriate), which will effectively and speedily contribute to the early recovery of the disaster victims. It may be in the form of food, clothing, temporary shelter, first aid, medical and nursing care, family welfare service and psycho-social interventions.

➤ Relief assistance is given outright. The PNRC does not extend cash assistance. However, in instances of prolonged emergency period and the families have to be assisted for a considerable length of time, the families affected may be encouraged to work in public undertaking or on Red Cross projects, in which case, families concerned will be supplied their daily food needs on a "Food for Work Programme".

➤ Relief assistance is extended without regard to political, religious, or racial discrimination.

➤ Need and not loss is the basis of Red Cross Assistance.

➤ Information on family case work is confidential.

Standard Operating Procedures

➤ Administrative responsibility and financial control are inseparable. Responsibility for relief assistance, therefore, requires that all funds received shall be expended in accordance with established policies.

➤ The responsibility of the PNRC during disasters are generally confined to the emergency period, e.g. in a flood situation, the emergency period is three (3) days, typhoons/fire, 1 week. However, in cases of earthquakes and volcanic eruptions, the emergency period is prolonged.

➤ The National Headquarter, in the exercise of its supervisory powers, directs, supports and assists the chapters with supplementary supplies and experienced personnel as the need arises and/or as requested by the chapter concerned.

➤ Disaster preparedness and relief actions are basic responsibilities of the chapters. At the onset of a disaster within a chapter, immediate steps should be undertaken to determine its effects and launch a relief operation if necessary.

➤ In conducting relief operations, the Red Cross avails of the services of volunteers, mobilizes and utilizes in full local resources.

➤ In conducting relief operations, other neighboring chapters that have the capacity and resources may be requested to assist in the relief activities with the endorsement of the PNRC-NHQ.

➤ The Red Cross operates under its own identity and administers its own operations in coordination with the local government units and other implementing units, i.e. NGOs and GOs.

➤ The Red Cross does not assume responsibility for governmental functions in any of its operative levels, i.e. national, regional, provincial, city/municipal.

➤ Police and guard duty; public health and fire department activities; condemnation of buildings; establishment and maintenance of morgues; removal of debris from streets and other public property; and handling of salvaged items.

➤ Inspection of public or private properties for safety and sanitation is the responsibility of local government authorities.

➤ Confiscating supplies or commandeering services. This authority belongs to the government.

Beneficiaries-Victims of Internal Armed Conflicts/IRI

> While in Evacuation Area/s:
  Extended emergency assistance in terms of food, clothing medical, first aid, nursing care, psychological-social interventions, and tracing services.

· While in places of Detention:
  Conduct visits to detainees after securing permission from the authorities, for purposes of looking into their basic needs and conditions. As may be warranted, make appropriate recommendations to the authorities on perceived improvement of living conditions inside detention cells.

Closing of Session 4: Emergency Response

Activity: Throw Your Questions Away

1. Ask participants to think of a question or concern about the Session on Emergency Response.

2. After participants have written down question, ask them to crumple up their paper and throw it in a relief box or any container.

3. After all the papers are in the container, ask any person to pick out a crumpled paper and toss it to anyone in the room. Whoever catches it opens the paper and reads the problem out loud.

4. The reader will then share his/her idea on the question or concern.

5. The question is then posted in the board, together with the generated reaction.

6. Request the participant who reacted to get another crumpled paper and throw it to another participant.

7. Repeat the process until all questions have been read and addressed.

8. The facilitator should take note of the questions and generated answers, and provide a synthesis of all the issues that surfaced.